

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>JP</i>	<i>1027</i>	<i>5 12-20-00</i>
<b>FORMALITY REVIEW</b>			<i>04/30/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	1	✓	2/1/96
2	2	✓	2/1/96
3	3	✓	2/1/96
4	4	✓	2/1/96
5	5	✓	2/1/96
6	6	✓	2/1/96
7	7	✓	2/1/96
8	8	✓	2/1/96
9	9	✓	2/1/96
10	10	✓	2/1/96
11	11	✓	2/1/96
12	12	✓	2/1/96
13	13	✓	2/1/96
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If more than 150 claims or 10 actions  
staple additional sheet here

**BEST AVAILABLE CO**

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